

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 0404144		2 Total pages this report: 1/8	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Hon. Bonnie NICKNAME LAST SUFFIX Conner			OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8930 Wurzbach Suite 260 San Antonio TX 78240 <input type="checkbox"/> Change of Address				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mr. Michael NICKNAME LAST SUFFIX Beldon				
	6 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5039 West Avenue San Antonio TX 78213				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () -				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/26/2001 07/01/2001				
10 ELECTION	ELECTION DATE Month Day Year 05/05/2001		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Other -- City Council 8		12 OFFICE SOUGHT (if known) Other -- City Council 8		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				
<input type="checkbox"/> additional pages					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Hon. Bonnie Conner

15 ACCOUNT # (Ethics Commission filers)
0404144

**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ **GENERAL**

COMMITTEE ADDRESS

☐ **SPECIFIC**

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17 NO REPORTABLE
ACTIVITY**

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5200.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

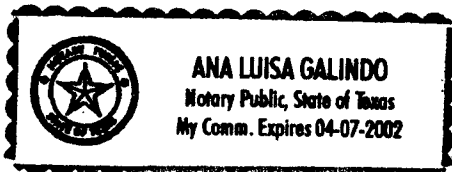
\$ 8832.34

**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bonnie J. Conner
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bonnie J. Conner, this the 23rd day of July, 2001 to certify which, witness my hand and seal of office.

Ana Luisa Galindo
Signature of Officer
administering Oath

Ana Luisa Galindo
Print name of Officer
administering Oath

Notary Public
Title of Officer
administering Oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
3/8

2 FILER NAME
Hon. Bonnie Conner

3 ACCOUNT # (Ethics Commission filers)
0404144

4 Date
05/01/2001

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. James Allen

6 Contributor address; City; State; Zip Code
1262 Phantom Valley
San Antonio TX 78232

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
05/01/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Ms. Elaine Ballard Ludwig

Contributor address; City; State; Zip Code
9030 Wurzbach
San Antonio TX 78240

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
05/01/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Kenneth Brown

Contributor address; City; State; Zip Code
1249 Wiltshire
San Antonio TX 78209

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
05/01/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Gene Canavan

Contributor address; City; State; Zip Code
8915 Datapoint
No. 46-A
San Antonio TX 78229

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
05/01/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Brad Davis

Contributor address; City; State; Zip Code
11434 Whisper Dawn
San Antonio TX 78230

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/8	
2 FILER NAME Hon. Bonnie Conner		3 ACCOUNT # (Ethics Commission filers) 0404144	
4 Date 05/01/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. David Earl 6 Contributor address; City; State; Zip Code 111 Soledad Suite 1111 San Antonio TX 78205	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable) 2001 JUL 2 5:11 CITY OF SAN ANTONIO
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/01/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Walter Embry Contributor address; City; State; Zip Code 1100 N. E. Loop 410 Suite 900 San Antonio TX 78209	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/02/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Jimmy Jimenez Contributor address; City; State; Zip Code 4026 Glen Rock San Antonio TX 78240	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/01/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Judith Mc Carter Contributor address; City; State; Zip Code 6926 Dorothy Louise Drive San Antonio TX 78229	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/01/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Clifford Morton Contributor address; City; State; Zip Code 1919 Oakwell Farms Pkwy. Suite 270 San Antonio TX 78218	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/8	
2 FILER NAME Hon. Bonnie Conner		3 ACCOUNT # (Ethics Commission filers) 0404144	
4 Date 05/01/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ultramar Diamond Shamrock PAC 6 Contributor address; City; State; Zip Code San Antonio TX 78249	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/01/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Mark Wynne Contributor address; City; State; Zip Code 11007 Rocky Trail San Antonio TX 78249	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

2001 JUL 23 P 5:11
CITY OF SAN ANTONIO
CLERK

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
6/8**2 FILER NAME**

Hon. Bonnie Conner

3 ACCOUNT # (Ethics Commission filers)
0404144**4 Date**

05/18/2001

5 Payee name

Mr. Charles Conner

7 Amount
(\$)
65.49**6 Payee address; City; State; Zip Code**

13306 Hunters Hollow

San Antonio TX 78230

8 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement - Phone

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/04/2001

Payee name

Mr. Charles Conner

Amount
(\$)
65.49**Payee address; City; State; Zip Code**

13306 Hunters Hollow

San Antonio TX 78230

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement - Phone

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/29/2001

Payee name

Mr. Charles Conner

Amount
(\$)
5963.00**Payee address; City; State; Zip Code**

13306 Hunters Hollow

San Antonio TX 78230

Purpose of expenditure (See instructions regarding type of information required.)

Loan Reimbursement plus interest

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

06/29/2001

Payee name

Mr. Charles Conner

Amount
(\$)
116.49**Payee address; City; State; Zip Code**

13306 Hunters Hollow

San Antonio TX 78230

Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement - Phone

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2001 JUL 23 P 5:11

1 Total pages report:
7/8

2 FILER NAME
Hon. Bonnie Conner

3 ACCOUNT # (Ethics Commission filers)
0404144

4 Date
05/24/2001

5 Payee name
Mr. Josh Copeland

7 Amount
(\$)
1150.00

6 Payee address; City; State; Zip Code
11910 Orsinger Lane
#1108
San Antonio TX 78230

8 Purpose of expenditure (See instructions regarding type of information required.)
Contract Labor

9 Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
05/01/2001

Payee name
County Line Restaurant

Amount
(\$)
300.00

Payee address; City; State; Zip Code
10101 I.H. 10 West
San Antonio TX 78230

Purpose of expenditure (See instructions regarding type of information required.)
Food

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
05/01/2001

Payee name
Fresh Horizons

Amount
(\$)
508.31

Payee address; City; State; Zip Code
2020 Broadway
San Antonio TX 78215

Purpose of expenditure (See instructions regarding type of information required.)
Catering

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date
06/01/2001

Payee name
Helanders Printing

Amount
(\$)
95.47

Payee address; City; State; Zip Code
San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)
Printing

Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
8/8

2 FILER NAME
Hon. Bonnie Conner

3 ACCOUNT # (Ethics Commission filers)
0404144

4 Date 05/01/2001	5 Payee name Ms. Debra Nicholas	7 Amount (\$) 335.00
6 Payee address; City; State; Zip Code 13075 N. Hunters Circle San Antonio TX 78230		

8 Purpose of expenditure (See instructions regarding type of information required.) Facilities Rental	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 05/18/2001	Payee name Ms. Debra Nicholas	Amount (\$) 48.41
Payee address; City; State; Zip Code 13075 N. Hunters Circle San Antonio TX 78230		

Purpose of expenditure (See instructions regarding type of information required.) Reimbursement - Decorations	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 06/29/2001	Payee name Real Estate Council	Amount (\$) 40.00
Payee address; City; State; Zip Code 1335 NE Loop 410 San Antonio TX 78209		

Purpose of expenditure (See instructions regarding type of information required.) Breakfast	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 05/25/2001	Payee name SAM's Club	Amount (\$) 144.68
Payee address; City; State; Zip Code 5055 NW Loop 410 San Antonio TX 78229		

Purpose of expenditure (See instructions regarding type of information required.) Food	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

RECEIVED

CITY OF SAN ANTONIO

CITY CLERK

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

0404144

Total pages this report:

1/10

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

Hon.

Bonnie

NICKNAME

LAST

SUFFIX

Conner

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8930 Wurzbach

Suite 260

San Antonio TX 78240

☐ Change of Address5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

Mr.

Michael

NICKNAME

LAST

SUFFIX

Beldon

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5039 West Avenue

San Antonio TX 78213

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

() -

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer
appointment (officeholder only)☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

03/27/2001

04/25/2001

10 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

05/05/2001

11 OFFICE

OFFICE HELD (if any)

Other -- City Council 8

12 OFFICE SOUGHT (if known)

Other -- City Council 8

13 DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

14 C/OH NAME
Hon. Bonnie Conner

15 ACCOUNT # (Ethics Commission filers)
0404144

2001 APR 27 A 10:09

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 9495.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 5151.87

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

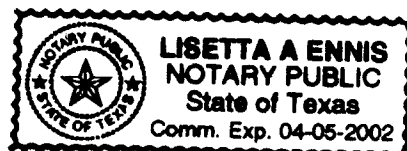
Bonnie J. Conner
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bonnie J. Conner, this the 27th day of April, 2001, to certify which, witness my hand and seal of office

LiSETTA A ENNIS
Signature of officer administering oath

LiSETTA A ENNIS
Printed Name

NOTARY PUBLIC STATE OF TEXAS
TITLE



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
Total paid in this report:
3/10

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME

Hon. Bonnie Conner

2001 APR 27 10:09

ACCOUNT# (Texas Ethics Commission filers)

0404144

4 Date

04/05/2001

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Assoc. General Contractors PAC

6 Contributor address; City; State; Zip Code
10806 Gulfdale

San Antonio TX 78216

7 Amount of
contribution (\$)

1000.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/19/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
BEX-HER PAC

Contributor address; City; State; Zip Code
P.O. Box 15166

San Antonio TX 78212

Amount of
contribution (\$)

100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/19/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Marco Barros

Contributor address; City; State; Zip Code
14018 Sage Bluff

San Antonio TX 78216

Amount of
contribution (\$)

25.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/18/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Ms. Lynda Billa Burke

Contributor address; City; State; Zip Code
4414 Pecan Grove Drive

San Antonio TX 78222

Amount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/07/2001

Full name of contributor ☐ out-of-state PAC(ID# _____)
Ms. Cassandra Carr

Contributor address; City; State; Zip Code
9 Davenport Lane

San Antonio TX 78257

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Total pages in this report:

2 FILER NAME

Hon. Bonnie Conner

3 ACCOUNT # (Ethics Commission filers)

2001 APR 21 10:09

4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Carol Caudill	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
04/17/2001	6 Contributor address; City; State; Zip Code 9777 Oakland San Antonio TX 78240	50.00	

9 Principal occupation (Optional)	10 Employer (Optional)
--	-------------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Santos Fraga	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2001	Contributor address; City; State; Zip Code 7011 Holly Mountain San Antonio TX 78250	250.00	

Principal occupation (Optional)	Employer (Optional)
--	----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Gilbert Garcia	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/03/2001	Contributor address; City; State; Zip Code 9314 Ranchero San Antonio TX 78240	100.00	

Principal occupation (Optional)	Employer (Optional)
--	----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. H.H. Hancock	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/16/2001	Contributor address; City; State; Zip Code P.O. Box 160353 San Antonio TX 78280	250.00	

Principal occupation (Optional)	Employer (Optional)
--	----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Mary Kelly	Amount of contribution (\$)	In-kind contribution description (if applicable)
04/18/2001	Contributor address; City; State; Zip Code 3450 Hunters Circle San Antonio TX 78230	100.00	

Principal occupation (Optional)	Employer (Optional)
--	----------------------------

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A 1
FORMS C/OH & SPAC

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR 27 4:10:08
Total pages this report: 5/10

2 FILER NAME Hon. Bonnie Conner		3 ACCOUNT # (Ethics Commission filers) 0404144	
4 Date 04/17/2001	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Ross Laughead	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 5975 Lockhill Road San Antonio TX 78240			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/21/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Ruth Lown	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 501 South Main Avenue San Antonio TX 78204			
Principal occupation (Optional)		Employer (Optional)	
Date 04/13/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Daniel Markson	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2421 Lake Pancoast Drive Miami Beach FL 33140			
Principal occupation (Optional)		Employer (Optional)	
Date 04/18/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. James Mayor	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2006 Elm Crest San Antonio TX 78230			
Principal occupation (Optional)		Employer (Optional)	
Date 04/18/2001	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. William Noble	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 14406 Indian Woods San Antonio TX 78249			
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total pages this report:

6/10

2 FILER NAME

Hon. Bonnie Conner

2001 APR 23 10:09

ACCOUNT # (Ethics Commission filers)

0404144

4 Date

04/18/2001

5 Full name of contributor

Mr. Thomas Paulk

☐ out-of-state PAC(ID# _____)

6 Contributor address; City; State; Zip Code
3034 Whisper Fern

San Antonio TX 78230

7 Amount of contribution (\$)

20.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/11/2001

Full name of contributor

Mr. Fred Petmecky

☐ out-of-state PAC(ID# _____)

Contributor address; City; State; Zip Code
6111 Point Comanche

San Antonio TX 78257

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/16/2001

Full name of contributor

Mr. Edwin Ray

☐ out-of-state PAC(ID# _____)

Contributor address; City; State; Zip Code
10504 White Bonnet

San Antonio TX 78240

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/13/2001

Full name of contributor

Mr. Michael Roth

☐ out-of-state PAC(ID# _____)

Contributor address; City; State; Zip Code
3803 Mill Court

San Antonio TX 78230

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

03/29/2001

Full name of contributor

SA Police Officers Association PAC

☐ out-of-state PAC(ID# _____)

Contributor address; City; State; Zip Code
1939 N.E. Loop 410
Suite 230

San Antonio TX 78217

Amount of contribution (\$)

3500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

File pages this report:
7/10

2 FILER NAME

Hon. Bonnie Conner

2001 APR 23

ACCOUNT #

(Ethics Commission filers)

0404144

4 Date

04/23/2001

5 Full name of contributor ☐ out-of-state PAC(ID#_____)

SA Realtors PAC

Contributor address; City; State; Zip Code
9110 IH-10W

San Antonio TX 78230

7 Amount of contribution (\$)

1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/01/2001

Full name of contributor ☐ out-of-state PAC(ID#_____)

Mr. Greg Shean

Contributor address; City; State; Zip Code
9554 Stillforest

San Antonio TX 78250

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/01/2001

Full name of contributor ☐ out-of-state PAC(ID#_____)

Mr. David Spencer

Contributor address; City; State; Zip Code
26610 Harmony Hills

San Antonio TX 78258

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/16/2001

Full name of contributor ☐ out-of-state PAC(ID#_____)

Mr. Elliot Stone

Contributor address; City; State; Zip Code
13155 Keystone Terrace

North Miami FL 33181

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/13/2001

Full name of contributor ☐ out-of-state PAC(ID#_____)

Mr. Herbert Stumberg

Contributor address; City; State; Zip Code
310 S. St. Mary's
Suite 1290
San Antonio TX 78205

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
Total Filings report:
8/10

2 FILER NAME

Hon. Bonnie Conner

3 ACCOUNT #

(Ethics Commission filers)

0404144

4 Date

04/18/2001

5 Full name of contributor

☐ out-of-state PAC(ID# _____)

Ms. Betty Sutherland

6 Contributor address; City; State; Zip Code

10050 Axis Drive

Boerne TX 78006

7 Amount of contribution (\$)

25.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04/18/2001

Full name of contributor

☐ out-of-state PAC(ID# _____)

Wright & Youngblood,LLP

Contributor address; City; State; Zip Code

300 Convent

Suite 1111

San Antonio TX 78205

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:

9/10

2001 APR 27 A 10:09

2 FILER NAME

Hon. Bonnie Conner

3 ACCOUNT # (Ethics Commission filers)

0404144

4 Date

04/23/2001

5 Payee name

Ms. Jaymie Balboa

7 Amount(\$)
100.00**6 Payee address; City; State; Zip Code**4114 Medical Drive
#21306
San Antonio TX 78229**8 Purpose of expenditure (See instructions regarding type of information required.)**

Contract Labor

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

04/19/2001

Payee name

Mr. Charles Conner

Amount(\$)
220.00**Payee address; City; State; Zip Code**13306 Hunters Hollow
San Antonio TX 78230**Purpose of expenditure (See instructions regarding type of information required.)**

Reimbursement - Ice Cream

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

04/23/2001

Payee name

Dugan-Nicholas

Amount(\$)
2848.00**Payee address; City; State; Zip Code**P.O. Box 781252
San Antonio TX 78278-1252**Purpose of expenditure (See instructions regarding type of information required.)**

Design and Production - Direct Mail

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

04/01/2001

Payee name

Election Support Services

Amount(\$)
1452.42**Payee address; City; State; Zip Code**4958 Military Drive West
San Antonio TX 78242**Purpose of expenditure (See instructions regarding type of information required.)**

Direct Mail Services

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR 27 A 10:09

Total pages report:

2 FILER NAME

Hon. Bonnie Conner

3 ACCOUNT # (Ethics Commission filers)

0404144

4 Date

04/19/2001

5 Payee name

Mr. Thomas Paulk

7 Amount

(\$)

31.45

6 Payee address; City; State; Zip Code

3034 Whisper Fern

San Antonio TX 78230

8 Purpose of expenditure (See instructions regarding type of information required.)

Reimbursement - Balloons, decorations

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/23/2001

Payee name

Ms. Janice Smith

Amount

(\$)

500.00

Payee address; City; State; Zip Code

1002 Ericson

San Antonio TX 78245

Purpose of expenditure (See instructions regarding type of information required.)

Contract Labor

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filer)
20010319 P 3:19
0404144

2 Total pages filed:

15

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Hon. BONNIE J.
NICKNAME LAST SUFFIX
CONNER

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
8930 WURZBACH, SUITE 260
SAN ANTONIO, TX 78240

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MR. MICHAEL
NICKNAME LAST SUFFIX
BELDON

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
5039 WEST AVENUE
SAN ANTONIO, TX 78213

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(210) 341-3400

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
01 / 01 / 01 THROUGH 03 / 26 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
05 / 05 / 01 ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

CITY COUNCIL - 8

12 OFFICE SOUGHT (if known)

CITY COUNCIL - 8

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

BONNIE J. CONNER

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

15 ACCOUNT # (Ethics Commission filers)

0404144

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

--

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

13,915⁰⁰EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

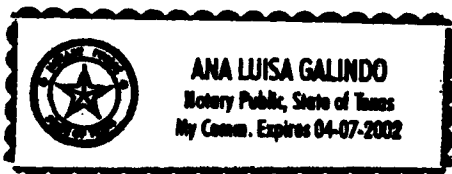
\$

6263²²OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bonnie J. Conner
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bonnie J. Conner, this the 5th day of April, 20 01, to certify which, witness my hand and seal of office.

Ana Luisa Galindo
Signature of officer administering oath

Ana Luisa Galindo
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
Total pages this Schedule A1: 1

2 FILER NAME

BONNIE J. CONNER

3 ACCOUNT # (Ethics Commission filers)

2001 APR - 5 0402044

4 Date

1/05/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

EUGENE DAWSON, JR.

6 Contributor address; City; State; Zip Code

208 N. TOWER DRIVE
SAN ANTONIO, TX 782327 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

1/05/01

Full name of contributor

☐ out-of-state PAC (ID#)

WAYNE HARWELL

Contributor address; City; State; Zip Code

P.O. BOX 17065
SAN ANTONIO, TX 78217Amount of
contribution (\$)

1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/05/01

Full name of contributor

☐ out-of-state PAC (ID#)

LLOYD DENTON, JR.

Contributor address; City; State; Zip Code

7979 BROADWAY, SUITE 101
SAN ANTONIO, TX 78209Amount of
contribution (\$)

1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/05/01

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID EARL

Contributor address; City; State; Zip Code

111 SOLEDAD, SUITE 1111
SAN ANTONIO, TX 78205Amount of
contribution (\$)

1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

1/05/01

Full name of contributor

☐ out-of-state PAC (ID#)

KENNETH BROWN

Contributor address; City; State; Zip Code

1249 WILTSHIRE
SAN ANTONIO, TX 78209Amount of
contribution (\$)

1,000.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P

1 Total pages this Schedule A1:

3 202/10

2 FILER NAME

BONNIE J. CONNER

3 ACCOUNT # (Ethics Commission filers)

040414

4 Date

2/12/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

MARDELL MURROW

6 Contributor address; City; State; Zip Code

11226 JADESTONE BLVD.
SAN ANTONIO, TX 78249

7 Amount of
contribution (\$)

20⁰⁰

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/12/01

Full name of contributor

☐ out-of-state PAC (ID#)

DEAN BIBLES

Contributor address; City; State; Zip Code

19714 LA SIERRA BLVD.
SAN ANTONIO, TX 78256

Amount of
contribution (\$)

20⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/12/01

Full name of contributor

☐ out-of-state PAC (ID#)

WILLIAM NOBLE

Contributor address; City; State; Zip Code

14406 INDIAN WOODS
SAN ANTONIO, TX 78249

Amount of
contribution (\$)

10⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/12/01

Full name of contributor

☐ out-of-state PAC (ID#)

BETTY GUDAT

Contributor address; City; State; Zip Code

3214 LITCHFIELD
SAN ANTONIO, TX 78230

Amount of
contribution (\$)

50⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/12/01

Full name of contributor

☐ out-of-state PAC (ID#)

BRUCE MERY

Contributor address; City; State; Zip Code

6162 LOCKHILL
SAN ANTONIO, TX 78240

Amount of
contribution (\$)

50⁰⁰

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3/10

2 FILER NAME

BONNIE J. CONNER

3 ACCOUNT # (Ethics Commission filers)

0404

4 Date

2/12/01

5 Full name of contributor

☐ out-of-state PAC (ID#:

ABEL GODINES

6 Contributor address; City; State; Zip Code

10103 PEMCREST
SAN ANTONIO, TX 78240

7 Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/12/01

Full name of contributor

☐ out-of-state PAC (ID#:

JODY SHERRILL

Contributor address; City; State; Zip Code

8503 KNIGHTS KNOLL
SAN ANTONIO, TX 78250

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/12/01

Full name of contributor

☐ out-of-state PAC (ID#:

FRANK GOZA

Contributor address; City; State; Zip Code

20459 CARRIE LOUISE
SAN ANTONIO, TX 78257

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/12/01

Full name of contributor

☐ out-of-state PAC (ID#:

DON DAVIS

Contributor address; City; State; Zip Code

17434 WHISPER DAWN
SAN ANTONIO, TX 78230

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

2/12/01

Full name of contributor

☐ out-of-state PAC (ID#:

CHARES AMATO

Contributor address; City; State; Zip Code

13634 BLUFF CIRCLE
SAN ANTONIO, TX 78216

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 4/10	
2 FILER NAME BONNIE J. CONNER		3 ACCOUNT # (Ethics Commission filers) 0404144	
4 Date 2/12/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: THOMAS A. PAULK 6 Contributor address; City; State; Zip Code 3034 WHISPER FERN SAN ANTONIO, TX 78240	7 Amount of contribution (\$) 20 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/12/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BETTY SUTHERLAND Contributor address; City; State; Zip Code 10050 AXIS DRIVE BOERNE, TX 78006	Amount of contribution (\$) 10 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/12/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ROBERT ECHAVARRIA Contributor address; City; State; Zip Code 9218 BINGHAM SAN ANTONIO, TX 78230	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/12/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BARNEY TEARNEY Contributor address; City; State; Zip Code 5409 ENCINO PARK SAN ANTONIO, TX 78240	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/12/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JANICE SMITH Contributor address; City; State; Zip Code 1002 ERICSON ST. SAN ANTONIO, TX 78245	Amount of contribution (\$) 20 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 P 2:50

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 5/10	
2 FILER NAME BONNIE J. CONNER		3 ACCOUNT # (Ethics Commission filers) 0404144	
4 Date 2/12/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ANNA HOREJSI 6 Contributor address; City; State; Zip Code 7459 SILENT SUNSET SAN ANTONIO, TX 78250	7 Amount of contribution (\$) 15 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 2/12/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KATIE REED Contributor address; City; State; Zip Code 7317 ASHTON PLACE SAN ANTONIO, TX 78229	Amount of contribution (\$) 20 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/12/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KIM DAHLE Contributor address; City; State; Zip Code 19110 CHUSKA WAY SAN ANTONIO, TX 78256	Amount of contribution (\$) 30 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/12/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOSEPH MARTINEZ Contributor address; City; State; Zip Code 14307 AMBLESIDE SAN ANTONIO, TX 78231	Amount of contribution (\$) 30 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 2/12/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL FELDBLUM Contributor address; City; State; Zip Code 10974 CEDAR PARK SAN ANTONIO, TX 78249	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 6/10	
2 FILER NAME BONNIE J. CONNER		3 ACCOUNT # (Ethics Commission filers) 0404144	
4 Date 2/28/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LUCILLE A. COCKRELL 6 Contributor address; City; State; Zip Code 15519 RIVER BEND SAN ANTONIO, TX 78241	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 3/5/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JESSE COVARRUBIAS Contributor address; City; State; Zip Code 204 SHALIMAR SAN ANTONIO, TX 78213	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/5/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CONSULTING ENGINEERS COUNCIL PAC Contributor address; City; State; Zip Code 400 W. 15TH STREET, SUITE 820 AUSTIN, TX 78701	Amount of contribution (\$) 210.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/5/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHESTER DRASH Contributor address; City; State; Zip Code 15322 PEBBLE DEW SAN ANTONIO, TX 78232	Amount of contribution (\$) 210.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/6/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERNEST MAESTAS Contributor address; City; State; Zip Code 5923 OAK COUNTRY WAY SAN ANTONIO, TX 78247	Amount of contribution (\$) 60.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 7/10	
2 FILER NAME BONNIE J. CONNER		3 ACCOUNT # (Ethics Commission filers) 0404144	
4 Date 3/6/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RABA-KISTNER PAC 6 Contributor address; City; State; Zip Code P.O. BOX 690287 SAN ANTONIO, TX 78269	7 Amount of contribution (\$) 320.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 3/7/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DON DURDEN Contributor address; City; State; Zip Code 411 FM 473 COMFORT, TX 78013	Amount of contribution (\$) 210.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/8/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PHILLIP KING Contributor address; City; State; Zip Code 4643 GREEN WILLOW WOOD SAN ANTONIO, TX 78249	Amount of contribution (\$) 210.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/8/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TURNER, COLLIE + BRADEN PAC Contributor address; City; State; Zip Code P.O. BOX 130089 HOUSTON, TX 77219	Amount of contribution (\$) 210.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 3/9/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRAD DAVIS Contributor address; City; State; Zip Code 17434 WHISPER DAWN SAN ANTONIO, TX 78230	Amount of contribution (\$) 180.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR -5 P 3:4

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 8/10	
2 FILER NAME BONNIE J. CONNER		3 ACCOUNT # (Ethics Commission filers) 0404144	
4 Date 3/23/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID STARR	7 Amount of contribution (\$) 1,000 ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 2161 NW MILITARY HWY # 111 SAN ANTONIO, TX 78213			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 3/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JOHN YANTIS	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5331 FREDERICKSBURG RD. SAN ANTONIO, TX 78231			
Principal occupation (Optional)		Employer (Optional)	
Date 3/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHARLES CHEEVER	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 501 TERRELL ROAD SAN ANTONIO, TX 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 3/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BENJAMIN YOUNGBLOOD	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 332 W. SUNSET ROAD, SUITE 10 SAN ANTONIO, TX 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 3/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARGO ERETH	Amount of contribution (\$) 20 ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11774 SPRING DALE SAN ANTONIO, TX 78249			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 9/10	
2 FILER NAME BONNIE J. CONNER		3 ACCOUNT # (Ethics Commission filers) 0404144	
4 Date 3/23/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 3 D/I PAC	7 Amount of contribution (\$) 150.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1900 W. LOOP SOUTH, SUITE 600 HOUSTON, TX 77027			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 3/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LAN - PAC	Amount of contribution (\$) 210.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1500 CITY WEST BLVD. HOUSTON, TX 77042			
Principal occupation (Optional)		Employer (Optional)	
Date 3/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CONSULTING ENGINEERS OF TX PAC	Amount of contribution (\$) 580.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 W. 15TH STREET, SUITE 820 AUSTIN, TX 78701			
Principal occupation (Optional)		Employer (Optional)	
Date 3/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: USAA GROUP PAC	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code USAA BLDG F-3-E SAN ANTONIO, TX 78288			
Principal occupation (Optional)		Employer (Optional)	
Date 3/23/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GSABA-SABPAC	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8925 IH-10 WEST SAN ANTONIO, TX 78230			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 10/10	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers) 0404144	
4 Date 3/24/01	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRANCIS H. GRAY, JR. 6 Contributor address; City; State; Zip Code 5118 CASBURY SAN ANTONIO, TX 78249	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 3/26/01	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARTER AND HADDEN Contributor address; City; State; Zip Code 1801 K STREET NW WASHINGTON, D.C. 20006	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2001 APR - 5 3 20

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1/3
2 FILER NAME BONNIE J. CONNER		3 ACCOUNT # (Ethics Commission filers) 0404144
4 Date 1/15/01	5 Payee name JOSH COPELAND 6 Payee address; City; State; Zip Code 11910 ORSINGER LANE, #1108 SAN ANTONIO, TX 78230	7 Amount (\$) 196.74
8 Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT - PRINTING/OFFICE SUPPLY		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 1/23/01	Payee name CITY OF SAN ANTONIO Payee address; City; State; Zip Code 950 E. HILDEBRAND SAN ANTONIO, TX 78212	Amount (\$) 70.00
Purpose of payment (See instructions regarding type of information required.) PARK RESERVATION		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2/3/01	Payee name CHARLIE CONNER Payee address; City; State; Zip Code 13306 HUNTERS HOLLOW SAN ANTONIO, TX 78230	Amount (\$) 588.95
Purpose of payment (See instructions regarding type of information required.) REIMBURSEMENT - PHOTOGRAPHY		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date 2/3/01	Payee name MARK JAENSKE Payee address; City; State; Zip Code 132 W. MANDALAY SAN ANTONIO, TX 78212	Amount (\$) 78.00
Purpose of payment (See instructions regarding type of information required.) MAINTENANCE		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2/3

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

0404144

4 Date

5 Payee name

7 Amount (\$)

2/3/01

CONNER-LEGRAND

6 Payee address; City; State; Zip Code

8930 WURZBACH, SUITE 260

SAN ANTONIO, TX 78240

64 09

8 Purpose of payment (See instructions regarding type of information required.)

PHONE BILL

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/3/01

CONNER-LEGRAND

Payee address; City; State; Zip Code

8930 WURZBACH, SUITE 260

SAN ANTONIO, TX 78240

168 87

Purpose of payment (See instructions regarding type of information required.)

PHONE BILL

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/3/01

CHARLIE CONNER

Payee address; City; State; Zip Code

13306 HUNTERS HOLLOW

SAN ANTONIO, TX 78230

RECEIVED
CITY OF SAN ANTONIO
OFFICE OF THE CLERK
2001 APR -5 P 3:20

Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/3/01

GUERRA DEBERRY + CO.

Payee address; City; State; Zip Code

122 E. Houston

San Antonio, Texas 78205

1,174.50

Purpose of payment (See instructions regarding type of information required.)

PRINTING AND REPRODUCTION; DESIGN

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3/3

2 FILER NAME

BONNIE J. CONNER

3 ACCOUNT # (Ethics Commission filers)

0404144

4 Date

2/25/01

5 Payee name

DUGAN-NICHOLAS

6 Payee address; City; State; Zip Code

13075 N. HUNTERS CIRCLE
SAN ANTONIO, TX 78230

7 Amount (\$)

265⁹⁰

8 Purpose of payment (See instructions regarding type of information required.)

PRINTING AND REPRODUCTION

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

3/4/01

Payee name

CONNER - LEGRAND

Payee address; City; State; Zip Code

8930 WURZBACH RD. SUITE 260
SAN ANTONIO, TX 78240

Amount (\$)

163.88

Purpose of payment (See instructions regarding type of information required.)

PHONE BILL

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

3/21/01

Payee name

DUGAN-NICHOLAS

Payee address; City; State; Zip Code

13075 N. HUNTERS CIRCLE
SAN ANTONIO, TX 78230

Amount (\$)

3331⁰⁰

Purpose of payment (See instructions regarding type of information required.)

DESIGN, PRINTING, POSTAGE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED